

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
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8		/		/		/	58						
9		/		/		/	59						
10		/		/		/	60						
11		/		/	/	/	61						
12		5		4		2	62						
13		5		4		2	63						
14		5		4		2	64						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		2		4		TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	16		20		1		TOTAL CLAIMS						